Changes to CMS-1500 Billing Guide

July 2008

The following changes have been made to the draft CMS-1500 Billing Guide since the previous version was posted on the MassHealth Web site. Use this document in conjunction with the draft CMS-1500 Billing Guide if you have already reviewed the guide or coded your software according to the previous version. In some instances, only the portion of the text that is changing within a field description appears below.

Field No.	Field Name	Existing Description	Change Description To
9d	Insurance Plan Name or Program Name	Enter the insurance plan or the program name of the other insured.	Enter the seven-digit MassHealth third-party-liability carrier code. Refer to Appendix C of your MassHealth provider manual for carrier code values.
11	Insured's Policy Group or FECA Number	Not required	If applicable, enter the insured's policy or group number as it appears on the insured's health-care identification card. If Field 4 is completed, this field must also be completed.
11d	Is There Another Health Benefit Plan	Not required	Enter an X in the appropriate box to indicate whether or not there is another health benefit plan. If Yes, complete Fields 9 and 9a through 9d. Make an entry in only one box.
24G	Days or Units	*For Anesthesia:* Enter the total number of minutes from the beginning to the end of the clock time for the anesthesia service.	*For Anesthesia:* Enter the total number of 15-minute periods, including as one unit any remaining fraction that equals or exceeds five minutes, that make up the beginning and ending clock time for the anesthesia service. See 130 CMR 433.000 for regulations about reporting anesthesia time. If no units are entered, the service is paid at the base rate.
24I	ID Qual.	**Note:** If the provider is billing a crossover claim, refer to the Medicare billing instructions for the provider.	This text has been deleted.
24J	Rendering Provider ID #	**Note:** If the provider is billing a crossover claim, refer to Medicare billing instructions.	This text has been deleted.

Field No.	Field Name	Existing Description	Change Description To
27	Accept Assignment? Yes or No	*For Crossover Claims:* Refer to Medicare billing instructions.	*For Crossover Claims:* Enter an X in the appropriate box to indicate whether the provider accepts assignment.
32b	Other ID No.	*For Crossover Claims:* Refer to Medicare billing instructions.	This text has been deleted.
33b	Other ID No.	*For Crossover Claims:* Refer to Medicare billing instructions.	This text has been deleted.